

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **MICROBIAL GROWTH ASSAY**, the specification of which:

is attached hereto.

was filed on September 22, 2006, as Application Serial No. 10/593,951 and was amended on \_\_\_\_\_

was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/561,766	April 12, 2004	Expired

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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Country	Application No.	Filing Date	Priority Claimed
WIPO	PCT/CA2005/000312	March 2, 2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorneys associated with Customer No. 26191

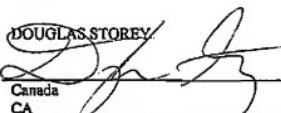
Direct all telephone calls to Mark S. Ellinger at telephone number (612) 335-5070.

Direct all correspondence to the following:

PTO Customer Number 26191

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: DOUGLAS STOREY

Inventor's Signature: 

Date: Oct 12, 2007

Residence Address: Canada

Citizenship: CA

Post Office Address: 9 Silverstone Mews, N.W., Calgary, Alberta T3B 5K8, Canada

Full Name of Inventor: TYLER FIELD

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Ireland

Citizenship: CA

Post Office Address: School of Pharmacy, Queens University of Belfast, 97 Lisburn Road, Belfast BT9 7BR, Ireland

Full Name of Inventor: GORDON RAMAGE

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Scotland

Citizenship: UK

Post Office Address: Department of Biological and Biomedical Sciences, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, Scotland

Attorney's Docket No.: 16850-002US1

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## Attorney's Docket No.: 16850-002US1

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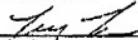
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Full Name of Inventor: DOUGLAS STOREY

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Canada  
Citizenship: CA  
Post Office Address: 9 Silverstone Mews, N.W., Calgary, Alberta T3B 5K8, Canada

Full Name of Inventor: TYLER FIELD

 Date: 16/8/07  
Inventor's Signature: \_\_\_\_\_  
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Citizenship: CA  
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Full Name of Inventor: GORDON RAMAGE

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Scotland  
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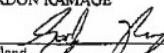
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Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Residence Address: Ireland  
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 Post Office Address: School of Pharmacy, Queens University of Belfast, 97 Lisburn Road, Belfast BT9 7BR, Ireland

Full Name of Inventor: GORDON RAMAGE

  
 Inventor's Signature: \_\_\_\_\_ Date: 13/08/07.  
 Residence Address: Scotland  
 Citizenship: UK  
 Post Office Address: Department of Biological and Biomedical Sciences, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, Scotland

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